

## ACTIVITY REGISTRATION FORM

Family Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
City Resident (circle one) Yes No

Evening Phone \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Emergency Phone \_\_\_\_\_

Participant Name	M/F	Birthdate	Shirt Size	Program Name	Fee

Total Enclosed: \$ \_\_\_\_\_

**Make Check or Money Order Payable To:** Greenwood Parks & Recreation

**Mail To:** Registration, Greenwood Parks & Recreation, 100 Surina Way, Greenwood, IN 46143

### WAIVER STATEMENT (MUST BE SIGNED TO PARTICIPATE)

I recognize that, because of the potentially hazardous nature of this activity, an injury may be sustained. In the event of such an injury to myself or my child, if I or my spouse cannot be contacted, I give my permission to the attending physician to render treatment as would be normal and I agree to pay the usual charge for such treatment. I now release, and forever discharge the City of Greenwood, the Greenwood Parks and Recreation Board, the Greenwood Parks and Recreation Department, their employees, agents, and assigns, from responsibility for any personal injuries, damage to property, or other loss causes by or having any relation to the activity (including but not limited to liability for negligent maintenance of the premises), whether or not caused by the negligence or fault of a released party. I understand that this release applies to any present or future injuries and that it binds my heirs, executors and administrators. I acknowledge further that there is no medical reason why my child and/or I cannot or should not participate in the activity. I understand that participants may be videotaped or photographed during this activity. I affirm under penalties of perjury that I am 18 years of age or older and have read this document and understand that it is a release of all claims.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_

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